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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90144 043 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006186

1. Corporation Name

LAS BRISAS CONDOMINIUM HOMES CONDOMINIUM ASSOCIATION, INC.

5 8 4 9 8 1
504981 - 90144 - 43

Principal Place of Business
28000 SPANISH WELLS BLVD
BONITA SPRINGS FL 33923
US

Mailing Address
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34103
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/16/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0570521	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34103

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD- <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, STEPHEN	1.2 NAME	DA COSTA, Manuel
STREET ADDRESS	28000 SPANISH WELLS BLVD	1.3 STREET ADDRESS	28 Galdard Street
CITY-ST-ZIP	ST. CHARLES IL	1.4 CITY-ST-ZIP	Cumberland, RI 02804
TITLE	D- <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, SEWELL	2.2 NAME	DelRosso, Lucrezia
STREET ADDRESS	9070 PALMAS GRANDES BLVD. #202	2.3 STREET ADDRESS	9060 Palmas Grandes Blvd. #204
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	SD- <input type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, THOMAS J	3.2 NAME	Masi, Diann M.
STREET ADDRESS	311 KAUTZ ROAD	3.3 STREET ADDRESS	9070 Palmas Grandes Blvd. #104
CITY-ST-ZIP	ST. CHARLES IL 00174	3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	PD- <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MCARDLE, VADID A	4.2 NAME	
STREET ADDRESS	28000 SPANISH WELLS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

Daytime Phone #

0062896

CR2E037 (11/98)